

INSTRUCTIONS FOR COMPLETING APPLICATION FOR ASBESTOS CERTIFICATION

THIS APPLICATION WILL BE REJECTED IF THE CONTRACTOR'S LICENSE IS NOT CURRENT AND IN GOOD STANDING

1. All applicants must be at least 18 years of age.
2. The application must be typewritten or completed in ink.
3. Submit the correct fee - \$50.
4. Submit the application and fee to the Contractors State License Board, P.O. Box 26000, Sacramento, CA 95826. Be sure to include your return address.
5. When contacting the board concerning your application, refer to the number stamped on the front of your canceled check.

IMPORTANT INFORMATION

Section 7058.5 of the Business and Professions Code reads in part:

"(a) No contractor shall engage in asbestos-related work, as defined in Section 6501.8 of the Labor Code, which involves 100 square feet or more of surface area of asbestos containing materials, unless the qualifier for the license passes an asbestos certification examination...

No asbestos certification examination shall be required for contractors involved with the installation, maintenance, and repair of asbestos cement pipe or sheets, vinyl asbestos floor materials, or asbestos bituminous or resinous materials.

"Asbestos" as used in this section, has the same meaning as defined in Section 6501.7 of the Labor Code."

Section 7058.6(a) of the Business and Professions Code reads in part:

"The board shall not issue an asbestos certification, as required by Section 7058.5, unless the contractor is registered with the Division of Occupational Safety and Health of the Department of Industrial Relations pursuant to Section 6501.5 of the Labor Code."

Section 7058.6(c) of the Business and Professions Code reads:

"A contractor who is not certified pursuant to this section may bid on and contract to perform a project involving asbestos-related work as long as the asbestos-related work is performed by a contractor who is certified and registered pursuant to this section and Section 6501.5 of the Labor Code."

IF YOU BEGIN PERFORMING ANY ASBESTOS-RELATED WORK AS DEFINED IN SECTION 7058.5 OF THE BUSINESS AND PROFESSIONS CODE, YOU MUST REGISTER WITH THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH.

NOTICE TO APPLICANT

All items of information requested (except driver's license number) are mandatory. Disclosure of your social security number (or federal identification number ("FEIN"), if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. The official responsible for the maintenance of this information is the Registrar of Contractors, Contractors State License Board. The information may be transferred to other state or governmental agencies. Individuals have the right to review the files on records maintained on them by the agency, unless the records are identified as confidential information and exempted by Section 1798.3 of the Information Practices Act.

Upon acceptance of an application which meets all conditions as determined by the Registrar of Contractors, the name of the applicant, and the business name and license number of the employer will be placed on the Posting List. The Posting List is available for public inspection in the office of the Contractors State License Board in Sacramento.

EXAMINATIONS

You may be scheduled for the examination as soon as 15 days from the acceptance of this application. A study guide for the examination is available from the Contractors State License Board.

FAMILY SUPPORT

Section 17520 of the Family Code authorizes the local child support agency to notify the Department of Child Support Services when there is noncompliance with a family support order or judgment issued by a court of this state. The code requires the Department of Child Support Services to compile this information and distribute it to the specified state agencies (which includes the CSLB). The licensing agencies may be precluded from issuing a license, certificate, or registration to a person on the list until the person obtains a release from the local child support agency.



CONTRACTORS STATE LICENSE BOARD

9821 Business Park Drive, Sacramento, CA 95827
Mailing Address: P O Box 26000, Sacramento, CA 95826
800-321-CSLB (2752) or (916) 255-3900
www.cslb.ca.gov

STATE OF CALIFORNIA
Gray Davis, Governor

APPLICATION FOR ASBESTOS CERTIFICATION FEE: \$50

The \$50 application fee is NOT REFUNDABLE once the application has been filed. By law, this fee is retained even if the application is rejected. Attach a money order, personal, business, certified or cashier's check payable to the Registrar of Contractors. DO NOT SEND CASH. There will be a \$10 service charge for each dishonored check.

**If the business address includes a P.O. Box, PMB, General Delivery or RT, you must also list the physical address.*

TYPE OR PRINT IN INK LEGIBLY

1. BUSINESS NAME (as it currently appears on the records of CSLB)		2. LICENSE NUMBER	
3. *BUSINESS MAILING ADDRESS: Number/Street or P.O. Box	CITY	STATE	ZIP CODE
4. PHYSICAL ADDRESS: Number/Street	CITY	STATE	ZIP CODE
5. BUSINESS TELEPHONE NUMBER ()	FAX NUMBER ()	E-MAIL ADDRESS	

6. SHOW FULL LEGAL NAME, NO INITIALS; if your legal name contains initials only, so state. P.O. Box, PMB, General Delivery and RT are NOT ACCEPTABLE for residence address. All information requested (except driver's license number) is mandatory.

NAME: Last	First	Full Middle Name	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
RESIDENCE ADDRESS: Number/Street		CITY	STATE	ZIP CODE	RESIDENCE TELEPHONE NUMBER ()

☐ Check this box if the asbestos certification is for bidding purposes only. This acknowledges that you do not perform any asbestos-related work pursuant to Section 7058.6 of the Business and Professions Code. (See attached information)

IMPORTANT – THE FOLLOWING CERTIFICATION MUST BE COMPLETED

On _____ at _____, I/we certify under
DATE CITY, COUNTY, STATE
penalty of perjury under the laws of the State of California that all statements, answers and representations in this application, including all supplementary statements attached hereto, are true and accurate, and that I/we have reviewed the entire contents of this application.

Signature of Qualifying Individual _____

Print Name _____

Signature of Owner, Partner or Officer _____

Print Name _____



A P P - A S B - C E R T